

APPLICATION FOR RETAIL FOOD LICENSE

(Retail Food Store, Food Service within a Retail Food Store, Ice Cream Truck and Vending Machines)

Mail Application & Payment to:

Kansas Department of Agriculture
Records Center – Food Safety & Lodging
109 SW 9th Street, 3rd Floor
Topeka, KS 66612
(785) 296-7430

PLEASE PRINT CLEARLY

ESTABLISHMENT INFORMATION

Establishment Name / DBA: _____ Phone: _____
Establishment Address: _____ Fax: _____
City, State, Zip Code: _____ County: _____
Opening Date: _____ / _____ / _____ Email Address: _____

OWNERSHIP INFORMATION

(READ CAREFULLY: Please list corporation, partnership, partners or individual owner)

Owner: _____

☐ Individual / Sole Proprietor ☐ Partnership (LLP / LP) ☐ Corporation (Corp. / Inc.) ☐ LLC

Federal Tax ID #: _____ Individual Owner's SS #: _____

Contact Person: _____ Phone: _____

OPTIONAL MAILING ADDRESS

Mailing Address: _____

City, State, Zip Code: _____

Mail License To:

_____ Establishment _____ Optional Address

Mail Renewal To:

_____ Establishment _____ Optional Address

I agree as a condition to the granting of a license to comply with and abide by all the terms of the Kansas Food, Drug and Cosmetic Act, the Food Service and Lodging Act and the rules and regulations prescribed thereunder. I declare the above statements are true, complete and accurate to the best of my knowledge.

Signature _____ / _____ / _____
Date

Printed Name _____ Title (owner, president, treasurer, etc.)

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Inspector: _____

Inspection Date: _____ / _____ / _____

Task Assigned: _____ / _____ / _____ RAC: _____

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License # _____

Date Issued: _____ / _____ / _____ Initials: _____

Please check the appropriate box(s) below.

A separate application and fees will need to be submitted for each location needing a license.

NOTE: ALL new applications require an application fee and a license fee.

Make checks payable to: Kansas Department of Agriculture or KDA

A credit card payment form can be downloaded at: http://www.ksda.gov/records_center/content/286

<u>Application Fee</u>	+	<u>License Fee</u>	=	<u>Total Fee Due</u>
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Section A- Retail Food Store

<input type="checkbox"/> Under 5,000 square feet	\$ 50.00 (NR1) **	\$ 50.00 (LR1) **	\$100.00
<input type="checkbox"/> 5,000 - 15,000 square feet	\$ 100.00 (NR2) **	\$ 100.00 (LR2) **	\$200.00
<input type="checkbox"/> Over 15,000 square feet	\$ 150.00 (NR3) **	\$ 150.00 (LR3) **	\$300.00

Please check the box(s) that describes the primary type(s) of business that you operate within the facility:

<input type="checkbox"/> Retail Grocery Store	<input type="checkbox"/> Bakery Outlet
<input type="checkbox"/> Convenience Grocery Store	<input type="checkbox"/> Health Food Store
<input type="checkbox"/> Retail Meat Store	<input type="checkbox"/> Bakery
<input type="checkbox"/> Specialty Shop	<input type="checkbox"/> Other _____ (Please specify)
<input type="checkbox"/> Variety Store	

Section B- Food Service in a Retail Food Store

<input type="checkbox"/> Food Service In a Retail Food Store	<u>Application Fee</u>	+	<u>License Fee</u>	=	<u>Total Fee Due</u>
	\$200.00 (FSN)**		\$200.00 (FSG)**		\$400.00

Section C- Ice Cream Truck (ICT) **

☐ Ice Cream Truck # of trucks _____ @ \$5.00 each = \$_____

Section D- Vending Machines

☐ Vending Machine Company **\$30.00 (VMC) ****

of machines _____ @ \$3.00 each = \$_____ (VDM) **
(Please attach Vending Machine Log)

☐ Vending Machine Dealer **\$25.00 (VMD) ****

****For Office Use Only****

NR_____	FSN _____	ICT _____	Check # _____
LR_____	FSG _____	VMC _____	Transaction # _____
	FN_____	VMD _____	Total _____
	FG_____	VDM _____	

Revised November 2011